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| Case Number: | CM15-0201985 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 07/15/2014 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 10/14/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia,
 Maryland Certification(s)/Specialty: Anesthesiology, Pain
 Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old male who sustained an industrial injury on 07-15-2014. According to a progress report dated 09-18-2015, the injured worker was seen for right knee pain. Pain had improved with physical therapy, but he felt that he had plateaued. He was better than what he was prior to surgery, but he still had trouble squatting and walking for longer periods of time. The H-wave helped reduce pain and swelling. Lidoderm patch helped for the tenderness in the knee, but it was denied. He was also taking Naproxen, Tramadol and Norco from another claim. Pain was described as aching. He still had sensitivity in the medial knee, but it had been better since using Lidoderm and H-wave. Pain was rated 5 on a scale of 1-10 without medications and H-wave and 2-3 with. Physical examination of the right knee demonstrated, tenderness to palpation at the medial joint line, free range of motion but pain with full flexion, no swelling in the joint line, no sensitivity, no crepitus and no laxity. Medications included Norco, Soma, Anaprox, Neurontin, Tramadol, Lidoderm 5% patch, Prednisone, Flonase, Astelin, Prinivil, Zestril, Hygroton and Lipitor. Impression included right knee sprain, sprain of right hip or thigh, medial meniscus tear and chronic pain syndrome. The provider noted that the injured worker was already taking Neurontin for neuropathic pain in the hands, but it did not help the local sensitivity in the right knee, whereas the Lidoderm did. Prior to using the patch, the injured worker had significant pain with just light palpation and now had mild pain with palpation. Prescriptions written included Lidocaine 5% patch #30 with 30 refills. Work status included no climbing, pushing, kneeling or squatting, no lifting over 10 pounds and no standing over two hours a day. Follow up was indicated in 4 weeks. An authorization request dated 09-23-2015 was

submitted for review. The requested services included Lidoderm 5% patches #30 x 3 refills. On 10-01-2015, Utilization Review non-certified the request for Lidoderm 5% patches #120. Documentation shows use of Lidocaine patches dating back to April 2015. Current pain level and work status was unchanged from a previous progress report dated 04-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidoderm 5% patches #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review indicate that the injured worker is currently treated with Neurontin. It was noted that this helps with the injured worker's neuropathic pain in the hands, but not in the knee. The request is indicated for the injured worker's localized cutaneous neuropathic pain in the right knee. I respectfully disagree with the UR physician's assertion that the injured worker's pain is musculoskeletal. The request is medically necessary.